STAKEHOLDERS' FORUM

PUBLIC HEALTH - SEATTLE AND KING COUNTY

JUNE 22, 1999 – STRATEGIC DIRECTION

The following is a trascript of the Stakeholders' Forum convened on June 22, 1999 by Public Health - Seattle & King County. It involved key health system stakeholders and Public Health staff for a discussion of Public Health's five year strategic planning document, *Strategic Direction*. The purpose of this forum was to gather input for consideration and inclusion in the final version of this document.

Donald Proby: Okay and those of you that still remain standing if you will please go ahead and find a seat, we'll go ahead and start now. Thanks a lot. Good afternoon. My name's Donald Proby and I would like to welcome you on behalf of Public Health - Seattle & King County to our Strategic Planning Stakeholders' Forum. Thank you so much for coming out today. I would further like to introduce our co-moderator for this afternoon, Caren Adams who is Public Health Educator for South Region, my counterpart in South. I am the Public Health Educator here at North. Further, I'd like to acknowledge if there are any electeds or distinguished guests in the room, this would be an opportunity to (laughing) – then all raise your hands and say I'm a distinguished person …Thank you. Thanks. Also, I'd like for you to take a moment at this time to just look around for any unfamiliar faces. People that perhaps you've never seen before, never met before, and just reach out a hand of welcome to them, introduce yourself and say, hello. (pause) Thank you for participating in that brief, initial step towards community building. Just reaching out to one more person. Thanks.

I'd like to acknowledge – it looks like all of you found the food okay – restrooms are through the door, around the corner and in the hall on both sides of the hall. Also there are restrooms upstairs in similar locations upstairs.

As a part of our Public Health Awareness Campaign, I'd also like to bring attention to the fact that we have recently modified our name from Seattle-King County Department of Public Health to Public Health - Seattle & King County. We undertook this in an effort to increase awareness about public health and perhaps increase access to services. Normally, I don't do anecdotes. However, there was one little small short quick one that was given to me that I'd like to share with you. And it's called Pearls of Wisdom from ages 6 to 92. And if you listen closely, you

will hear a public health message in each pearl. I've learned that you can't hide a piece of broccoli in a glass of milk, age 6. I've learned that when I wave to people, they stop what they're doing and wave back, age 9. I've learned that if you'd like to do something positive for your children, try to improve your marriage, age 61. I've learned that you shouldn't go through life with a catchers mitt on both hands. You may need a free hand to throw something back, age 64. And finally, my favorite, I've learned that I still have a lot to learn at age 92. And it's in that spirit of learning that we come together today. Learning about one another, learning about resources in our community, learning about the priorities that we share and our interconnectedness in bringing about public health goals and objectives.

I'd like to set the framework today as one of being people coming together with shared understanding to celebrate the significance of public health, to engage in a lively discussion and to provide an opportunity for you to make comments on our Strategic Plan and for us to receive that input and be able to incorporate it.

If you'd like to take a moment to review your agenda, we'll pretty much follow that throughout the course of the day. There will be one break during the discussion somewhere right about the middle to give people a chance to get up and stretch and come back. Please note that today will be recorded and so it will be important that you speak into a microphone when we get to public talking and participation. Also, it will be transcribed and summarized and copies will be made available to the participants today.

At this time, I'd like to introduce to you Dr. Alonzo Plough, the Director of Public Health Seattle & King County. He will come to you with a presentation on our Strategic Plan. Thank you.

Alonzo Plough: Thank you, Donald. And thanks everybody for coming out of what I know is very busy days to go over this Strategic Plan with us and before going through this document, I'm just going to give a quick overview. I want to thank the core team that put this together since we received this as a proviso from the King County Council last fall, a number of people have been involved in pulling this together and Sharon Stewart Johnson, John Hartman, Sandy Ciske, Donald Proby, Kris Beatty, Mark Alstead – all here today. Put your hands up. I want to thank that group for the work that they did on putting it together and I think it's been a really good

opportunity for the Department to really consolidate our thinking around where we are and where we are going in public health in Seattle and King County.

As I mentioned, the County Council was really interested as a result of last year's budget process that they have a sense of where we might be heading, both as a Department and both in terms of some of the key determinants of health in the County. I think they were able to see from at least the last couple of budgets and the kinds of things we talked about during the budget periods that there were many changes and I think they wanted to understand a little bit more precisely and maybe with a little bit more predictive value, kind of a framework for where we thought we were going to go with this. Last month I presented this to, for final time, to the King County Board of Health who approved this unanimously. They made some suggestions and some editorial comments which we have incorporated and that's the version that you have.

So, the next step with this document is to present this to you and for some input and then we will move forward to sending this on to the County Council through the Executive. Next slide, please? Thank you.

The document is organized as you look at this you've probably seen this as really a – I call it sort of a map or a portal or a gateway into the Department of Public Health and it's kind of a reference document but it has the same kind of relationship that a web site has to web information on a web. It's not anywhere near the density of information that we have but it really is a real guide to all the kinds of things that we do. We put out many different kinds of reports continuously and have historically but this is really a way to get you into that and save you having to look through volumes of material. So those who didn't see all that they would want to see about a particular area in this report, rest assured that there are ample bodies of information in other places, but the point of the Strategic Plan was to guide you there and talk about it strategically, but not to incorporate every bit of it there.

At the Council's request, they really wanted this kind of framework because these are the kinds of questions that they ask – what's the Public Health Scope of Practice: What do we do?; Assessment: How do we monitor the public's health?; Strategies: How are we going to do it?; and Resources: What do we need to do it? So we have organized the report in that way and the

Appendices are important documents and we thought it really needed to be there to fill that out – next slide.

All discussions of public health now really start with the core functions, the ten essential services when we talk about the public health role and from a national framework and particularly locally from the Washington State Public Health Improvement Plan, the three core functions of public health are sort of the bedrocks of which we define public health practice and those three core functions are assessment, policy development, and assurance. And the ten essential services if you haven't seen these kinds of things before, are an emerging way of trying to define what Public Health practice is about. Much of this has come from the U.S. Centers for Disease Control (CDC) and pretty soon these ten essential public health services are going to be kind of a performance outcome measures by state and federal government to determine whether a public health department is doing what they need to be doing and the list of essential services specifies those key activities. And the following slides kind of stratify and show those ten essential services and I'll run through those quickly. Thank you.

And again these ten essential services get clustered under the three core functions. I hope this language isn't cumbersome to all of you. I think within public health we argue the merits of this as a way of communicating to people. It's beginning to make a lot of sense internally. Sometimes it isn't the best way to communicate publicly about the public health, but it's the framework that the field uses and one that we need to learn how to communicate more clearly about because it's the standard we're held accountable for.

So, under assessment are monitoring health status of the community which the Department does in many ways. The Health of King County report is one of the key things that we do annually on that. Diagnosing and investigating health problems and hazards, disease investigation activities that we do, informing and educating the public about public health issues through reports and forums such as this. So all of that is under the assessment function of health. What are the issues? Next slide.

Policy development, either described generally as mobilizing partnerships to solve community problems and the Department does this in many different ways. If it's an African-American Health Roundtable where we're talking about health disparities in that particular community or

minority health report partnerships where we have done this more globally to partnerships that are involved in HIV funding and programming. Mobilizing partnerships to solve community problems is a key way that Public Health shapes the policy dialogue about health and well-being in an area and then supporting policy and plans to achieve health goals is another way that the Department's involved in policy development. Next slide, please.

Assurance is a major part of the core functions of public health and that's enforcing laws and regulations to protect health and safety, be those environmental health laws or personal health laws, immunization requirements, linking people to needed personal health services, a key component of public health assurance role which can be done in partnership or directly and ensuring a skilled public health force. So those are the assurance functions. Next slide, please.

And they go on, evaluating effect and accessibility and quality of health services – and this is an important one – not just the ones that the Health Department delivers but the effect and accessibility and quality of health services for the City and the County as a whole. And we have something called the King County Health Action Plan that looks at all of the system of health services in the County as a whole in this framework and then researching and applying innovative solutions. So those are the assurance functions.

The Strategic Planning categories. One of the things that the Council wanted and I hope it's helpful for many of you as well is you do everything in Public Health from prehospital concerns around emergency medical services to immunizations to environmental health to STD-HIV services, even the Medical Examiner's office, when you're trying to figure out health issues after people are already not living. I mean, how do you put all this stuff together to coherently let you know what we do? Because if it comes to us in a 100 or 150 different programs with 307 different funding sources, it's hard to see what we do, so we tried to come up with five categories that we think are relatively stable in which we could put those services together. And that's Population Health Services, Emergency Medical Services, Targeted Community Health Services, Primary Care Assurance/Clinical Health Services, and Management and Business Practice. So the goal is that all of our programs which fit into one of those areas which allows people to understand a little bit more generically how the Department is organized. So, I'm going to go through a little bit more in detail each of those right now, in the next slides.

Population Health Services. We'll start there – a category that includes strategies, programs to prevent epidemics, disease outbreaks and injury, promote healthy people and healthy communities. And, you know, I think about these as services that everybody needs, independent of specific risk factors. Everybody needs clean food, clean water and those kinds of protective factors so these are services for everybody that really try to promote population health, examples being food inspectors, medical examiners' offices, tobacco prevention – things like that. Next slide.

Emergency Medical Services (EMS). Now emergency medical services are a population health service and all of us need EMS. If we need EMS, we're glad that it's there for us. And it's there for all of us but we have kept this as a special area because it is very specially funded through a voter-approved levy, has a very detailed relationship with the hospital system on one side and a regional network of other paramedic providers beside ourselves as well as the Fire Departments for the basic life support side. It has special mandates by statute and County Code, so even though it really is a population health services, EMS is key and I think as many of you know we provide direct EMS services in the County ourselves through South County Medic One and have oversight in planning and kind of a regulatory function over all EMS city and county. Next slide, please.

Third category that we've come up with is Targeted Community Health Services and this differs from the previous category of Health Services in that these become more risk based or assessed on or based on a particular assessment of a health care need by individuals or parts of the population. These services try to improve the health or eliminate risk within those particular populations. Examples of what are in the Targeted Community Health components are things like family planning and WIC for low income women, HIV-STD testing for populations at high risk for those diseases, interpretation services for non-English speaking populations. Again, they are community delivered programs often, but they relate to particular kinds of interventions for specific populations or specific disease control activities. Next slide, please.

Our Primary Care Assurance/Clinical Health Services is another very important aspect of the Health Department's core functions and core roles. This assures, is around assurance of access to primary health care services for vulnerable and high risk populations and in the report you see for the services that the Health Department provides, we are particularly targeting our clinical

and primary care services to individuals who are low income, are uninsured or marginally insured, non-English speaking, often from ethnic and racial minority populations, sometimes recent immigrants. Those are the target populations that we serve directly as well as providing funding to a broader network of safety net providers to provide those kinds of services.

We also provide clinical services for special populations, adolescents through our teen health clinics both that we run directly and some that we contract with other health providers, most of which are funded by the City of Seattle Education Levy but we have a couple in the County as well and we provide health care for incarcerated populations at the downtown jail and the Criminal Justice Center in Kent.

To go into a little bit more about that one, just so you can understand to complexity of how we do primary care, almost 22% of our primary care budget, over $13 million, is really dedicated just to services to incarcerated populations and if you took out of the primary care categorizations and really just tried to narrow that down to directly delivered primary care in a traditional clinic format and excluded some things like immunization and others, that percentage would be quite large. I think for our Department as a whole almost two-thirds of the dollars we get for the County for all of our public health dollars that we get from the County, two-thirds of them are related to services for incarcerated populations.

One more point I wanted to make about our primary care is that 30% of the budget is used for contracted services to other health care providers and other agencies so we are a large – we have a very large role in contracting out services which is a significant part of what we do.

The Public Health Department plays a critical role in Seattle and King County safety net, again, trying to provide services for individuals who are generally not able to fulfill their needs through usual market mechanisms or insurance mechanisms. In addition to the Public Health Department as a safety net, there are a variety of other institutions that also play a very, very critical role in the safety net and that includes Harborview Medical Center, the Community Clinics and others who are taking up the charge to provide services to this population. The safety net is being spread pretty thin. You all know as well as I do the difficult time our health care system locally/nationally is having with higher numbers of uninsured people and a managed care system that it not often oriented toward taking care of individuals who are uninsured or have other

access problems and we are probably already exceeding in Seattle and King County the capacity of the safety net to provide these kinds of services. Next slide, please.

The last area in which we organized our services in the report are Management and Business Practices and these are our core financial management personnel services–MIS, Management Practice Guidelines–that really undergrid all of our service delivery, allows us to do grants management, accounts payable, billing third party payers, employer relations, evaluating the effectiveness and outcomes of our programs and so on. In the last couple of years we've made significant improvements in strengthening the business practices so we can be maximally efficient with our dollars. We have re-organized departments so we've moved away from categorical programs toward more consolidated, integrated ways of delivering services.

Recently in the last year we have restructured our financial management systems in order to really assist us in maximizing our collection of patient-generated revenues which pay an increasing larger part of our budget and we're also responding to the requirements from our funders for more and more accountability on the outcomes of our many funding sources. For example, for us to receive our cost-based reimbursement under the Federally Qualified Health Center Program (FQHC), we have a number of performance and financial standards which we have to measure and monitor. As I mentioned, the Department has over 300 different funding sources, all of which require a strict amount of accountability, all of which are increasingly requiring us to monitor them in ways that require us to have up-to-date information systems. Next slide, please.

So, again, in looking at this Strategic Plan and summarizing and concluding now, the last four years have really set the stage for the next five years because I think we have, though we have not done a formal Department-wide strategic plan, we have been planning strategically in a variety of areas. For example, over the last couple of years, we've had a separate strategic process for EMS alone. This kind of strategic planning goes on our Ryan White AIDS Funding. So we've been thinking about these issues for a long time and the Department has already made a few changes in response to that. Last year our primary care re-organization in the South County where we did some consolidation and extensive work with partners in delivering primary care there in a different way, integration of our HIV-STD program and the work that I mentioned on management and business practices. Next slide.

Some of the key issues that we talk about in the report for the next five years and are shaping the budgets that we're developing right now and shaping our planning on this slide, increasing rates of chronic disease are a particular challenge to the Health Department. If you look at the Health of King County or you look at some of the indicators in the first chapter, in the Strategic Planning Report, you can see that asthma, diabetes, cardiovascular disease, cancer – these are really the diseases that more and more individuals are dying from in Seattle and King County and we need to play a much more important role on the prevention side than we've been playing on that and find the funding for that. So, increasing chronic diseases are really important. Communicable disease control has not gone away as a major concern, so the chronic disease concern has really become an add-on to the traditional public health responsibility for communicable disease control and this incorporates the whole rate of things and the kind of challenges from the recent Pertussis outbreak that's Whooping Cough outbreak on the Eastside and in Seattle to really new challenges in the control and prevention of HIV as it becomes both an infectious and chronic disease and STD control. So none of those problems have gone away and they remain key issues.

Addressing the health care needs of low income populations, a key part of the Health Department's concerns and problems, the amount of free care that we provide increases every year. The lack of health insurance and coverage in populations we serve gets worse every year but we have a need to address that both in our direct services and our policy activities.

Health Promotion. I mean, I think the interesting statistic that I gave you a moment ago, that two-thirds of our County dollars are for incarcerated populations, tells us that we have a challenge in trying to do health promotion in primary prevention when so many of our dollars are not targeted by their funding sources to primary prevention so but developing county-wide, city-wide health promotion and primary prevention activities are going to be really, really key particularly in the areas of nutrition and physical activity which underlie a lot of the incidence and prevalence of chronic conditions.

And then a fourth area that's a real concern for us, our services are increasingly revenue based. You may be surprised to know that almost 100% of our public health nursing budget is on third party revenue from the State internal support system so when so much of our work force is on a

revenue base, it's hard to move them, and sometimes impossible to move them to other tasks and that affects our ability to respond to a range of kind of other public health activity. So the fact that our services are increasingly revenue based is a really important challenge but underlies a lot of what we're talking about in the Plan.

Oh, let's see. Budget issues for the next five years, financial management, we're focusing a lot on productivity, managing labor costs, uncertainty in traditional Federal funding in a number of areas – we talk about this in the report -- fluctuations in local tax support. Some of you may know that there is a referendum out there that might end motor vehicle excise tax payments. That would cut about $10 million out of the Health Department a year. The grant world is always difficult and EMS is in the midst of thinking regionally about whether we're going to re-invest in the levy in the same rates we have in the past. Next slide.

So, in conclusion, I mean I think that we have an environment of some uncertainty but we are not predicting that the next five years are drastically more uncertain than the previous five – it's going to require us to continually refine scope and array of services in the context of the needs that we're addressing though our surveillance and monitoring activities. I think intensified assessment in general around general health status issues in the County and specifically around particular issues and risk groups are going to be important. We're going to have to continue to make prioritizations because there are going to be more public health demands than this Department can do alone or should do alone and I think that's going to involve more and more partnerships particularly with the private sector as there is a role in Public Health in prevention by managed care providers should be playing with us and aren't to some degree but could probably do more. And an increased accountabilities from the Health Department in particular but particularly all of us who are trying to deal with safety net and populations to make sure that the kinds of resources that we're using are really getting the kinds of returns that they need to get. That's the quick overview and I'll turn it back over to our facilitator.

Donald Proby: Before doing so, Alonzo, would you like to briefly let people know the course of the document in terms of the process along the way and the next steps?

Alonzo Plough: Oh, I think I said – it's next going to, you know, we're going to keep revising this and certainly from the transcript and the presentation today we're going to do some editing based on

that. We hope to get this over to the County Council this summer to begin their review and approval of that document and would hope that that process occurs before the end of the summer.

Donald Proby: Thank you. As a transition before we begin our discussion, I'd like to take a moment just to acknowledge the community members and organizations that are here today and one simple way to do that would be for one person, if you are representing yourself as a community member, if you would stand and let us know who you are and your interest here today and then also if you are representing or coming from an organization, if you would stand and just give your name, the title of your organization and one dependable attribute that your organization is known for. So, I'll start. In my case, I'd say my name is Donald Proby. I'm with Seattle – I'm sorry, I'm with Public Health - Seattle & King County and I would also say that one thing that we are well noted for working hard to promote and sustain healthy people in healthy communities. Okay? Others? Want to stand up and do the same thing? Great. Caren? Wait until you're mic'd.

I'm Marta Vega. I'm from El Centro de la Raza and one of the things we do is we work very closely with communities of color and we serve the community in general, but specifically communities of color – social services and everything else.

Donald Proby: Others? Just want to get an idea of …

Bill Robertson with the Washington Poison Center. We answer calls from the general and professional public concerning chemicals in our environment.

Tim Takaro with the University of Washington, Department of Public Health and Medicine. I work with the Harborview Occupational Environmental Medicine Clinic and we see difficult cases in environmental and occupational health.

I'm Ester Simpson and I work at the VA but I'm not representing the VA. I represent the Filipino Health Committee which is a result of the work that was done around the survey of the Filipino community and other ethnic communities and I'm the President of the Nurses Association and Health Care Professionals and I'm working with the President of the Philippine Medical

Association of Washington and the leadership of the Filipino Community of Seattle and we would like to work on the challenges that was posed by the survey and I'm here to see what are the resources that would be available. What we're known for is commitment to address these needs because we would like our Filipino Community to be very healthy.

Donald Proby: Thank you.

Chetana Acharya, American Lung Association of Washington. We promote lung health and prevent lung disease.

Donald Proby: Excellent. Thanks. Others?

My name is Gwen Brown. I'm the old retired Public Health Administrator. It's like coming back home. I was actually an administrator in this building for about 4 years. I'm representing African-American Elders Project which is something that the Mayor supported. We're actually in our second year, doing quite well. Health Department is one of our partners which as you all know is the way to go. I'm also representing Grandparents Support Group which is a reparenting group that we started in 1991 when I was still working as a public health nurse. That group is still going and we're now part of a state coalition who is trying to develop more groups throughout the City.

Thank you. I'm Jim Farrow the Director of the Adolescent Medicine Program at the University of Washington and I know this Health Department's taken a lot of leadership over the years in promoting teen health and I'm here to encourage you to continue to do it.

And I'm Terry Stone with the Northwest AIDS Foundation and we're known for our advocacy care services and prevention education for people with HIV and AIDS.

My name's Ric Kadour and I'm here representing Gay City Health Project and we're known for our totally cool HIV prevention and gay men's health programs. Thanks.

Donald Proby: Thank you.

I'm Mark Secord, Executive Director of Puget Sound Neighborhood Health Centers and Chair of the Community Health Council of Seattle-King County. The Council represents seven community health centers, the community clinic organizations caring for more than 100,000 people each year in King County.

Hi. I'm Bretta Gamillya and I'm here representing Center for Human Services and we're a social services agency located in Shoreline. We're known for our social services counseling, family support and education programs for the north end.

I'm Kathleen Stine and I'm here for two groups. One is the University of Washington Lesbian and Bi-sexual Women's Study and it's one of the first studies in the nation on looking at sexually transmitted infections among sexual minority women. And I'm also here with the Seattle Commission for Sexual Minorities and our task is to be the voice of the sexual minority community within City government and City Departments.

Donald Proby: Thank you.

I'm Lily Jung. I'm Medical Director of Madison Clinics of PAC-MED Clinics. We're a network of clinics in the Puget Sound area that provides medical care to the medically under served. I manage the medical and surgical specialties at PAC-MED.

Thank you. I'm Wendy Nakatsukasa-Ono from Multicultural Health and we're known for our work around promotion and disease prevention in communities of color, particularly the African-American community as well as for immigrant and refugee services. And I'm also with the Center for Health Training which is the regional training center for Family Planning programs in the Pacific Northwest.

I'm Lynn French. I'm with the African-American Community Health Network. We've been established for over the past six years targeting efforts around health promotion and development of programs and services within the African-American communities especially. We're in the midst right now of building an $8.5 million assisted living facility for seniors which will have approximately 100 to 120 apartment units plus within that facility there'll be a geriatrics

specialty wellness clinic which will serve the residents of the facility as well as in the residents within the surrounding community.

Donald Proby: Everyone is doing an excellent job of identifying themselves and I'd just like to put out the reminder that we're asking for one that that your organization does well (laughing).

I'm Cindy Goodwin and I'm with Ruth Dykeman Children's Center and we work in southwest King County and we're working increasingly more with the Department of Health. One thing we do well is work with a number of different youth groups in our community.

Donald Proby: Thank you. Other community members that have not had an opportunity to speak or other organizations – okay. We've got several. We've got a good cross-section of people here. I'm glad to see that. Great.

I'm Gidget Terpstra. I'm with the Shoreline School District Readiness to Learn and although we are a public education institution we are very interested obviously in the health of our students so that they can academically do better.

Donald Proby: Thank you.

I'm Pam Bradford with the Center for Human Services and I'm the Family Support Program Manager and we provide family support to the north end of King County and one of our programs is WIC that we partner with and really appreciate having that be a part of what we do at the family support center.

My name is Rob Beem. I'm the Health and Human Services Manager for the recently organized City of Shoreline. It's not that recent, but – and what we do well is advocate for residents of Shoreline.

Donald Proby: Great. Thanks, Rob.

I'm Christina Daw. I'm at the Pike Market Medical Clinic downtown and we've served low income residents in the downtown area for over 20 years.

Donald Proby: Thank you. One last call. Thanks. Then, we'll move on. Ground rules. Although a lot of people really don't like that term, how about if we say, guides for effective discussion. Some things we want to keep in mind. One person speaking at a time, please. And remembering to speak when you have the microphone. That way it will end up on the tape and therefore end up as a part of our summary document. Comments and questions, please direct them to the body of the group rather than to individuals. We don't want to put people on the spot and we also would like to be sure that this is more interactive as a group process rather than individuals engaged in single dialogues; okay? And we'll also listen for a collection of ideas of thoughts of questions before considering how best we might need to respond as a group. That being done, we can start. I know that you have lots to say and we're anxious to hear what you have to say. This is an important time for us to collect information directly from community members to include that with this Strategic Plan and this piece is equally important as the document itself; and will give a real flavor and a real voice of what people in the community have to say about Public Health and the beauty contained therein.

So, how about, just to get us started, does this document match what you're seeing in the community?

Man: I have a question, if I could, about how the document's going to be used? I think it might – it would help me in understanding how to direct my comments.

Donald Proby: Okay. And that …

Man: I understand it's going to the Council, that the Council is going to approve it, but what will be done with it at that point? How will it be used to improve public health in this County?

Donald Proby: Someone like to respond to that?

I'm Mike Reed. I'm staff for the King County Council's Law, Justice and Human Services Committee and very briefly, what the Committee was asking for when it made the request for this document was a tool by which to first understand where the Agency was going and secondly what progress was being made to get there. So the hope was a very simple, straight-forward document that

would identify goals, directives, objectives and resource needs to achieve some pre-identified, pre-agreed upon outcomes. Does that make sense?

Man: It does. As a naive academic, I'm more interested in how it might be used politically since I know nothing about that.

Mike Reed: How it might be used politically?

Man: Yes. How can we expect that the Council can be activated, for example, by this Strategic Plan? How we could get more interest on the part of the Council in Public Health in this Plan?

Mike Reed: Well, I guess I'd say my sense is that the Council conceptually is very supportive of Public Health. It is faced with a great deal of information from a lot of different directions, a lot of advocacy, a lot of issues, but perhaps not a sense of clarity in terms of how all these issues fit together – how the programs fit together, how the funding pieces fit together and it's sort of seeking a means of sorting that out. Seeing it in easily understood terms that a lay person can relate to and as it does with many agencies, most agencies, seeking to identify, you know, benchmarks and goals and directions that it can sort of mark progress against over time. So, I don't know if I would say that it's going to be used politically in the way that that term is often used. It will be used, I hope, to communicate with the Agency as issues come up to have those issues put in the context of the Plan and the overall direction of the Agency and so it can understand how a particular, for instance, primary care initiative – how that relates to on-going continued agreed upon goals.

Donald Proby: And further, just by the fact that it's a public document, it's accessible to the public and you can be as creative with it as you'd like to in terms of furthering advocacy in your own agendas around public health issues; okay? Others, in terms of looking how this document fits with what you're seeing in your community. (pause)

Wendy Nakatsukasa-Ono: I understand the need to have a document that applies to sort of the diversity of individuals in Seattle and King County. I would encourage the Health Department or Public Health Department of Seattle and King County to think about ways to further emphasize the increasing diversity that we're seeing in Seattle and King County and to talk a

little bit more about its support and advocacy for people from communities of color and for immigrants, refugees – other people of limited English proficiency. I think that could come across stronger in the document, particularly with agencies like CDC coming down with racial-ethnic disparities and health issue.

Caren Adams: Could you please identify yourself for the tape and then if people start their comments, could they identify themselves for the tape, please?

Wendy Nakatsukasa-Ono, Center for Multicultural Health.

Donald Proby: Thank you.

Clarence Spigner, Associate Professor, School of Public Health, University of Washington. I have a question about the document itself. I don't know if it really fits with my community, but it certainly does address some of the concerns that we have in public health. In Chapter 3, Strategies, How We Are Going To Do It? and since the previous speaker spoke about diversity, I see here on Page 19, under Diversity, Departmental support for an environment that promotes employee development and values of – values the diversity of their skills, expertise, opinions and beliefs. Doesn't say anything about race, gender, sexual minorities, ethnic minorities – anything. Is this a response to I200?

Donald Proby: Thank you. Are there other comments and thoughts around the same issue here from other people here as well in terms of what I spoke to earlier in looking at groupings of comments? How are other people thinking about those issues?

I'm Kathleen Stine and I guess this is the point to jump in with what seems to be my theme these days because it follows up on your comment. First of all, I want to thank Public Health for allowing this forum. I'm really excited about the opportunity to have some input into this so thank you all for doing this. And in terms of minority health, the Commission has talked with Dr. Plough a couple of times about an office on minority health and because of a number of different events in the last year, I've come more and more to the conclusion that we have done a disastrous job handling the whole issue of discrimination and prejudice as a social problem and that we really need to move out of the social arena into the public health arena. And I certainly see establishing an office on minority health that would be representative of the diversity of our community, the

minorities in our community, would be a focal point for doing that. I think it would be pretty easy to develop partnerships of public health …

(tape ends mid-sentence)
(End of Tape 1, Side A)

(Kathleen Stine continues mid sentence) … ship with the whole issue of discrimination because we are not doing anything with it in the social arena.

Donald Proby: Discrimination as a public health issue. Thank you. Others around this topic or additional issues?

Ray Pennock: I don't know whether Don dares find me on my feet here because we work on a couple of things very closely together and his brilliance obviously is in this document to a degree. I'm Ray Pennock and in the comments that I mentioned one of the things that you might remember is the words, coordination with the Native American Health Board reflects that the Public Health Program is thinking about the tremendous health problems of these folks in our country. I'm in the business of survival out in the community as President of the Ballard Magnolia Food Bank Committee on the Family Leadership Board, Ballard Family Center working with Pat and others. Please remember the story of a young man just about to graduate from college having been advised about his resume. They said make absolutely certain it's brief, but get to the point. The five words in his resume, "have good car, will travel". As a visiting nurse supervisor, my sister was the sweetheart of South Snohomish County because of her making herself available once a month to not anything fancy, not any operating rooms, but just to a foot clinic to take care of the senior people who no longer could reach their toes and trim them properly. So, I want to thank the agencies in the community that provided us with a registered nurse at the North End Emergency Fund Center last year to provide flu shots for our people who were picking up food there, some 400 to 500 representatives from households. That's an example of have services and can travel and reach out to where the people are. So, as a citizen representative, that's my thought. Please do think of all the people out there and more specifically, when we can, and there's a lot of those things – taking blood pressure, whatever, that a registered nurse can do, just as well as a professional doctor, specialist, and that's the key that we want to be working for in

the next five years and that's prevention. So, our nurses in the public schools and any other services that can go out where the people are, God bless you for programming those things.

Donald Proby: Thank you, Ray.

Caren Adams: Comments over here?

Donald Proby: Right behind you, Caren.

It's Tim Takaro with the School of Public Health and the School of Medicine. Looking in Chapter 4 at the Environmental Health offerings, I would say that many of these do not meet the needs of the communities that we serve at the Harborview Occupational and Environmental Medicine Clinic nor in some of the broader public health-based, environmental health initiatives that I'm involved in. These points here under Environmental Health, this is Page 27, really are reminiscent more of a classic 1950s, 1960s style environmental health agenda before interests in indoor air quality, air pollution, water quality, really got out of the restaurants and public food delivery and into the communities and these are issues that are on many peoples' minds now, particularly as we see environmentally based disease such as asthma on the rise and on the rise in communities which are more environmentally vulnerable than some of us. So I would like to see more emphasis placed on water quality, protection of water sheds, incinerators, protection of air sheds, point source pollutants other than incinerators, a direct clear line of authority with the PSAPCA, the air pollution Authority in the Sound and also, although this is only a five year Strategic Plan, it is very clear that we need to be thinking about other environmental threats in the next century which include climate change and global warming. This will change the complexity of communicable disease, water quality and all of the immigration pressures that we now feel will be influenced by the climate change and global warming so I think it is incumbent upon us to begin thinking about how to address these issues and I don't see that in this document.

The other thing I was a little surprised to see in the section on Environmental Health was reliance on fee based, 100% fee based funding. These sorts of services are not ones that I can envision community education on climate change, global warming being a fee-based approach. Nor can I see a fee based approach to community at Sea-Tac Airport complaining about airport pollution and noise as being a particularly fee based – feasible as a fee based approach so I think a lot

would fall off the plate if a 100% fee based approach was required for environmental health. Thank you.

Donald Proby: Thank you.

Chetana Acharya, American Lung Association of Washington. I just wanted to piggyback on something that Tim said and as a lung association we need to be protective of health, protective of lung health because if we can't breathe, nothing else matters and with your environmental health program, I just want to encourage Public Health - Seattle & King County to think about appointing people to look at the indoor air quality in our schools like we do in the food protection realm for restaurants. We need to remember that children spend a lot of time indoors, especially in schools, so just putting that out there to remind us that children's health needs to be protected by us.

Donald Proby: Thank you.

My name is Lynn French with the African Community Health network. This more of a general comment as opposed to a specific item in the document. What I did not observe in the document are things that the Department cannot do because clearly the Department cannot do everything and I think that's an important thing in terms of pointing to the strategic direction and the reasons, you know, I mean, the items that can't be done, why they can't be done and maybe that they're needed to be done by the Public Health Department but they are real resource or other factors that weigh in to say unless we can do what is realistic, these items cannot be done. Another point would be, I recall when the Public Health Plan from the state was being issued and managed care was kind of finding its way to who knows where, there was a large discussion about cutting back the level of direct tier services that would be provided by Public Health starting from the state on down. And I'm not sure where they ended up. There was some discussion within the Seattle – King County purview of, you know, do we continue with direct tier delivery services and, if so, at what level. I think that needs to come out in there because obviously there's some implication when we look down the road as to where we will be with regard to direct tier services. So, I think the negatives on that, negative per se, they're just kind of stating reality as what are the limitations and recognizing those limitations and the fact that they're upon them.

Ric Kadour, Gay City Health Project. I want to go back to a question asked early on about the relevance to our communities and this document and my concern is that – well, it's a great document and it really lays out in a strategic way the kind of steps the Health Department needs to take and I'm kind of on-board with most of them. My only comment is around health promotion and health promotion needing to play a greater role in kind of the work the Department of Health does and also along that line I think the kind of theoretical, philosophical base for health promotion should be more rooted in the World Health Organization's ideas, particularly the Ottawa Declaration and the Jakarta kind of Amendments to that. And I understand the restrictions with HRSA and the feds and kind of how that plays out and the need to kind of focus on Healthy People 2010 and the goals kind of laid out there. But my concern, and this kind of goes from the County Health Department all the way up to the Federal Health Department is that the work being done isn't particularly relevant to my community and the reason for that is a couple of things. One, we're not represented in the demographic information. Sexual minorities aren't identified. People aren't asked their sexual identity status and, therefore, when I go to create programs, when I go to say, what does my organization need to do to kind of serve my population, I can't rely on the Public Health – Seattle & King County's documents for that. There's just a void of information. And that's a nationwide problem as far as the gay, lesbian, bi-sexual, and transsexual (GLBT) community is concerned. And the second kind of challenge there I think is the emphasis on population health and kind of this idea that we can do wide programs around particular issues that will improve the health of everyone in the community. And I'm not sure that works. I don't have a lot of faith in that. I'm not sure that a generic message that is meant to reach the great diversity of the community will actually reach the great diversity of the community. I think racism and sexism, homophobia will become walls that kind of screen out a lot of that information and I experience that myself when I look at health messages and I think, God. How does that relate to me, you know? But it's about like heart disease which has nothing to do with kind of me as like a gay man in this society. It has to do with me being kind of overweight, you know? But that kind of screen kind of happens there and so I think kind of addressing those barriers is really important and moving away from kind of general population based messages and towards targeting specific populations across the board and I don't just mean 'cause you do break out targeted populations. I as a gay man, I don't want to just be targeted with STD prevention or HIV prevention messages. I want my community to hear about kind of aging

issues and what it's like to be old and gay and that just doesn't come across; so those are kind of the errors I think that the Plan needs to focus on.

Donald Proby: Thank you.

I'm Marta Vega and I forget to say that actually I'm the mortality prevention outreach worker and yet funded by the Health Department so my concerns are in the drug use. I don't see very much being done about that. And there's not enough vouchers to go around to help people that want to go into treatment and the other thing is that people who are incarcerated, they don't get the treatment they deserve and that they need while they're incarcerated and that's a concern for me and I don't see any, you know, I don't think that anything that's here points out that kind of need. The other thing that I'm concerned about is the children, that we're talking about the asthma and children suffering from bronchial diseases and stuff like that and working with the community. I have found that most of the children that are suffering from asthma and having bronchial diseases are children that are around parents that smoke crack and I don't see anybody doing outreach to those parents and telling them the importance of not smoking around the children or other people that might be inhaling those fumes and getting sick so that's my concern. I hope, you know, that something is done about that and that there's some outreach workers doing that job and bringing the message to the community. Thank you.

Donald Proby: Yes, Rob?

Rob Beem: I wouldn't be from an suburban city if I didn't say this, so, some of you already know what I'm going to say, but I think the Plan does a great of laying out the issues but underlying in every section is resource constraints and what I see is a commitment to work with people to deal with those resource constraints and sometimes that leaves me a little unsettled because I think working together doesn't really indicate what the Department's priorities are specifically and from other tax-generating or tax-supported institutions there's always a question of how do we fit what's going to come towards us as a city. And I guess underlying all that in King County is the discussion within the last decade that shifted all responsibility for Public Health away from suburban jurisdictions and sort of this twin thing we have where the City of Seattle plays such an active role with its local funds and the suburban cities cut a different deal. And I don't see that addressed in this iteration of the Plan and would hope that the next one talks a little bit about

how we're going to deal with all these funding problems. Every area, every issue, cash seems to be paramount so I think it would be useful for my review of the document to understand some specific priorities for services that the Department has, what kinds of things are in that 100% fee supported that are sort of off the table, not going to be an issue and what things is the County Council going to be asked to start making some choices about. And I think that helps folks like me wade through and figure out which things – where are my comments most important and what's the discussion going to be about.

Donald Proby: And for the tape, I'm not sure if you had said your name, but that was Rob Beem with the City of Shoreline.

My name's Joe Pizzorno. I'm a member of the Board of Health. I'd like to ask you a question *[directed question to Mr. Kadour],* better understand what you were saying. And I think I heard you say that you didn't think that general health messages would work unless you felt particularly identified or targeted as a group and that the group you cannot hear was being targeted as the person being a little overweight rather than information come through you as a gay man. Could you say some more about that because I don't understand. Seems like if we give advice on how to prevent cancer or heart disease I would expect you to listen to it regardless of your sexual orientation.

Ric Kadour. I mean, I think the way – I'm going to speak personally. It might be similar for …

… sure. And my name is Ric for the tape from Gay City. My personal – I'm going to talk about my personal experience and it may or may not be true for other GLBT folks but my identity as a person is constructed in such a way that being gay takes a priority and that has to do with a lot of my defense kind of against like the hostility that I kind of face out in the world and sometimes that like – what's the thing on Star Trek – warp shields, or something like that. You know, sometimes my gay shields are high and sometimes they're low. But, you know, when I'm walking around and looking at advertising and that sort of thing, I don't necessarily not acknowledge or even filter in kind of messages that don't necessarily speak to me directly and that's true I think of most kind of health promotion messages and some of the challenges that they raise is how do you speak to people directly in a way that it matters? And one of the things that I've found doing gay men's health work, both here in Seattle in the brief time that I've been here and Vermont where I came from is those messages are heard when you target people

specifically. And that I think there's a cross, you know, sexual orientation lines, it goes across race lines. It's in tailoring those messages to populations and how they think is really important as well as what's culturally appropriate. Does that clarify that for you?

Donald Proby: Thank you. Also what I heard, too, is in receiving health messages looking at how people identify themselves and targeting those messages and what we know about public health education and specifically targeting populations, we really need to understand how people see themselves and in that respect we can direct messages that will reach them more effectively. Thank you.

Terry Stone with the Northwest AIDS Foundation and I've already talked to Public Health a little bit about this but as I saw in the HIV and AIDS work, we talked a lot about HIV and STDs and how we integrate those services, about needle exchange and some of the work we need to do there, but I hope that there's a greater force around just general prevention work and that Public Health and community organizations find the time to come together to talk about what HIV means in today's society with the new drugs and therapies and the things that exist because I think that it's time for us to look on the broader scale about what we need to do and not live with the old messages and the old things that we've tried. I think there's a lot of good research, a lot of innovative thought in our community partners as well as Public Health, but I hope that that comes out in the report because I think it's really important for the future of what we're going to do around the disease.

Kathleen Stine. I just wanted to add to what Ric was saying with your question. One of the things that I find with doing the Lesbian Bi-Sexual study is that I repeatedly hear from women that their providers are not giving them the health care messages and they're being excluded simply because they partner with women and not with men. The best example is pap smear screening and that both providers and lesbians have bought into the myth that lesbians do not need to have pap smears so you do a broad base pap screening outreach, lesbians are not going to pay attention to that unless you specifically say, oh, and lesbians need to have pap smears because they will have been told that they don't need to have that done. And there are myriad examples like that where there is a buy-in or mythology around GLBT health by both the providers and then once the providers have disseminated the message, the community buys it as well and so you really need that targeted. And I don't believe it's strictly with sexual minorities. I think it's

with racial and ethnic minorities as well and again with pap smears the best example I've seen in the last three months was an African-American women are now have more pap smears than any other group. They have more pap smears than white women and African-American die more of cervical cancer than any other group. Now, the disparity in that is alarming so somebody somewhere is not getting a targeted message.

Donald Proby: Thank you.

Mark Secord with the Community Health Council Seattle – King County. In your opening remarks, Dr. Plough, you mentioned as really one of the themes in those remarks that the needs for health services of all kinds are outstripping the capacity of the safety net system and I'd like to just quickly address four particular topics under that heading and things that I think could be given greater emphasis in this document and used as an opportunity to educate public officials and others about some of the needs and opportunities that are out there. First has to do with dental services. There is a reference on Page 11 to the issue of the lack of dental insurance coverage, particularly emphasizing the elderly with a fairly shocking statistic for Medicare recipients. The only concrete action step currently in the Plan is addressing expansion of the safety net system for dental services is referenced to the north clinic which I understand is aimed at children. So, I know that there's a dental safety net task force at work addressing the issue particularly of uncompensated adult services for dental services. What we would say from the community health centers is that the issue of dental services for uncompensated people in the County is probably the number 1 primary care access issue and it really deserves greater emphasis.

The second topic is FQHC. This document is certainly a wonderful statement about where the funding comes from for the Health Department and it was a revelation for me to see that over 11% of the total Department's budget is coming from the largess of being eligible for cost-based reimbursement under the FQHC program. The phase-out of FQHC is referenced in the document, but what is not referenced is what is going to take its place and probably going to take its place within the next six months to a year and that is prospective payment. And the prospective payment system, getting away from cost based reimbursement system, is going to be here and I think it's important that the Department think through what the implications are of that huge shift. That's a sea-change shift in terms of the way funding comes and given that it

represents such a substantial portion of the Department's budget, it's time now to be figuring out what that really means.

Third point is access to specialty services. This is just briefly mentioned in sort of glancing way. PAC-MEDs role is mentioned as one of the safety net providers. This community has relied very strongly on PAC-MEDs role, certainly not the only provider really of specialty services to low income people – Harborview, University, Children's, Providence, others, all play their roles but PAC-MED plays a particularly unique role and I think it would be well to mention in greater depth the impact that that cutbacks in reimbursement for specialty physician services is having in terms of the access problem for lower income people. I think that's an issue that's going to be growing in importance.

And the last thing is, I think the document does not mention an obvious thing and that is, if the need is growing for safety net services, it's time to make an investment there. We're very good at making investments in sports stadiums in this community. We're even beginning to step up to the plate in terms of investments in our infra-structure for our school system. We have community health centers that were established in old fire stations and in public housing converted units that are now 25 years old and we need to have an investment in that piece of our communities infra-structure as well and I think the document should not be silent as it is right now on that point. So, I think that those four points – dental services, FQHC, specialty services, and expansion of the safety net and investment in the infra-structure are all things that belong in the document. Thank you.

Donald Proby: Thank you. At this time, I think we'll prepare for a short break and I'll ask that you use that time to have more food, walk around, stretch, do what you need to do but also think in terms of preparing your thoughts for the Part II of this session. If there were things that came up during Part I that you would like to hear more elaboration on, if there are new items that have come up for you, thoughts that have been stimulated from Part I, we can address those during Part II. So far you've been a fabulous group. You've been absolutely wonderful and I can hear the passion and the concern in your voices in a very respectful and community-oriented way and I've very happy to be a part of this. So, we'll see you back at – how about, 9 minutes after 3:00; will that work? Thanks.

[BREAK]

Donald Proby: If I can have everyone's attention, we'll be starting soon so if you'll start to gather your belongings and find a nice seat, we'll get started. And we'll be starting in just another couple of moments. Okay. If you are still standing, we'd like to have you go ahead and take your seat and we will start.

One of the things that we would like to do since everyone did not have an opportunity to introduce themselves is to provide a photocopy of the sign-in sheet for people to take with them and that way it would be a record to refer back to as to the participants today. Is there anyone here today that would object to having that done? And if so, I suppose there's a quiet way to object without having to stand up or anything. I would ask that you contact Mark Alstead standing right by the door or just whisper in his ear or let him know in some discreet way; okay?

Caren Adams: And while we're on a bit of housekeeping, we realize that some people may depart. There's an evaluation form on the back of the agenda. If you would fill that out and leave it on the table right outside, we'd really appreciate it.

Donald Proby: Thank you. So, where would we like to resume? Who's got some ideas?

Tim Takaro, U of W. My question has to do with the incarcerated individuals, a third of the budget apparently going for public health needs – two-thirds for incarcerated individuals so then the question is of those incarcerated individuals, how many are there for non-violent drug offenses?

Caren Adams (off tape): Do we have anybody here who can answer that?

Donald Proby: Oh, Kathy.

Caren Adams: Kathy?

Kathy Uhlorn: The portion of the County's budget that is going for the jail health and the North Rehab Facility is about $18 million. About $5 million of that is for the North Rehab Facility which is for non-violent drug/alcohol related crimes.

Tim Takaro: Of all these incarcerated individuals, what percentage of all the County incarcerated individuals, in other words, that the Health Department's budget is going towards, how many of those individuals roughly are there because of non-violent drug offenses.

Alonzo Plough: Sixty percent of people who are admitted to either of the jails are there for drug related offense. Is that the question you're asking?

Tim Takaro: Yeah. Non-violent drug offense.

Alonzo Plough: Well, it may include violence or not but it's going to be substance abuse and/or mental health as an underlying variable in 60% of the people who go to either jail.

Donald Proby: And additionally, I'd like to say if there are other specific questions as to statistics or particular numbers, if you will contact Mark Alstead in the back, he will be in charge of investigating those items for you. He has expressed a desire to be happy to do that. Thank you. He'll be happy (laughing). Okay. Other thoughts? Questions?

Hi. My name is Mamae Teklemariam with Harborview Medical Center and on Page 7 on population growth, I see that African-Americans and the African group are lumped up and it's a real big difference in culture, language, and background and experiences and so when lump up this group, that means that we do not have good statistics which cross-around everywhere we go and how we do it so I would love to see the Public Health to take a lead in sorting out this very needed number and percentages differentiated from African-Americans and African-Immigrants.

Donald Proby: I'm not sure. Did you say your name at the beginning? Okay. Thanks.

Wendy Nakatsukasa-Ono, from Center for Multicultural Health. I know we talked with Dr. Plough about these issues but I just wanted to encourage the Department generally to work really hard on how it creates community partnerships, particularly around research and …

(tape ends mid-sentence)

End of Tape 1, Side B

(Wendy Nakatsukasa-Ono continues mid sentence) … and research and I think that we have done a lot here in Seattle – King County but I think there's a lot more that we can still do and so I'd like to encourage that and I think that would address some of the issues that Mamae and Kathleen and Ric brought up, too, around being able to report on specific, ethnic communities as well as communities by sexual orientation and a lot of different indicators are ways that we can cut our community. I wanted to use that as a jumping off point to ask if I might about on Page 33, right above the overview of revenue trends, it says, to maximize public health revenue potential and fulfill its mission, we're pursuing a grant development and management function and I wanted to ask for clarification on that.

Donald Proby: Is there someone that would like to respond to that?

Kathy Uhlorn: Looking at the Department's revenues and looking at the need for the Department in order to address many of the issues that you've raised today that we are going to need to be more entrepreneurial and look for funding sources to address some of the needs and so we've established – or we're in the process of re-aligning some resources in the Department to create a grants writing section.

Donald Proby: Thank you, Kathy.

Thank you. Jim Farrow, University of Washington. There are a number health issues that I could comment on that are in the report but the one I'd like to focus on is the school health issue. This Health Department's been involved for quite a few years in participating and enhancing school health programs and my reading of the report other than just a slight change in emphasis in school health, it looks to me as though you're in a maintenance mode as far as school health goes. And I'm aware that there's some priority to try to expand the number of school-based clinics and school linked clinics in the County and in the City but I would really think the emphasis at this point since we've been in this business now for awhile would be to increase the depth of the programs and to focus in areas that are current like enhancing mental health services in schools to try and identify young people who may become alienated or who may be at risk for violence and that sort of thing. So I would really hope that the emphasis in the report and for future funding would not only be to further increase the support for the existing school health

programs but also to target some specific kinds of services that could be enhanced like mental health service.

Yes. I'm Clarence Spigner again from the School of Public Health. Now, I know for a fact that Alonzo – I mean, Dr. Plough is doing this because we are on the same faculty in the School of Public Health but given the 1989 report from the Office of Management and Budget about the future of public health, one of the major concerns that they found, major gaps that they found was lack of linkage between community-based organizations, health departments and academic health centers. Now, throughout the document, I see where that is being addressed but it doesn't rise out as a specific model. I wish we could see more of that. I mean, it's in there just like ethnic and racial minorities on gender concerns, sexual minorities, the concerns you have about that and how it's going to be addressed, but I know that in trying to put together a document like this, you can't satisfy everybody but that issue of community-based organizations, emphasis on community-based organizations and definitely it's being addressed – that's what this forum is about and it's in the document. Academic health centers, research – you know, you talked about data and research and such, I think there might be a little bit more emphasis about that -- the role of the University and as I said, I know Dr. Plough is a single-handed coming up to the University and our faculty meetings encouraging researchers to get involved in the community and the research that's going on – the concerns that the Health Department is doing and, of course, the Seattle – King County Health Department and I suppose the DOH now in Olympia. But if we could see just a little bit more emphasis on that I think it would really, really address some concerns here.

Donald Proby: Thank you. And was there a hand up here?

I'm Kimi Reiner. I'm a school nurse in Shoreline School District and I wanted to speak to health and health centers in schools in general and in the document over and over again, especially middle and high school, you see that this is a Seattle School District funding thing and being in the Shoreline School District, of course, we don't have that benefit. I think that if you're going to emphasize promotion, you're going to have to be in the schools. I think that's the only way that you're going to reach kids. They're a trapped audience there and I think that especially middle and high school, if you're going to talk about promotion and wellness for lifetime, you need to have that sort of clinic presence in the physical structure in order for it to be used by kids of that

age. Little kids were able maybe to have the school nurses and that look – more individual look, but I think with the adolescents you're going to need to be out in the schools.

Donald Proby: Thank you.

Caren Adams: Donald? We have a comment here.

I'm Lily Jung from PAC-MED and as a provider of health care, recognizing that there are limited resources available for the provision of health care to the community at large, I'd like to see the Public Health Department work proactively with Harborview, PAC-MED, the community clinics and other community health care providers in creating a system that systematically and equitably divides up the division of health care to the community that is at risk. As a health care provider I see a lot of redundancy in the delivery of health care and I think that given the limited dollars available for providing health care there can be a better way of doing that.

I'm Chris Daw, Pike Market Medical Clinic. I'd like to echo concerns expressed by Mr. Secord related to community health centers and the most recent comment as well. Another issue that is of pressing and alarming issue at our clinic is the number of smokers among our patients, particularly our diabetic patients which is very alarming and I see that smoking cessation is listed as an issue – a policy issue in the Fourth Chapter and I don't know to what extent the Public Health Seattle – King County can take advantage of tobacco settlement and other opportunities out there but it would be great if the Department could be proactive with the partners in the community that provide direct care services to, as well as providing comprehensive, effective tobacco preventive efforts and education efforts to also prevent further chronic disease by working hard in the smoking cessation area as well.

Donald Proby: Thank you. Other comments? Questions? Things to consider?

Tim Takaro again. I'm interested in your objectives and performance measures. Your Goal No. 1 is to provide needed or mandated services and prevention programs to address individual community health concerns and the performance measure is increase insurance coverage for poor families, certainly a noble goal. I'm interested in the method that you intend to use to increase insurance coverage.

Donald Proby: Other thoughts on that same issue?

(discussion in the background)

Donald Proby: Is that something – that's something that we can – let me say this. (continued talking in background) Specifically, that could be an issue that we hand over to Mark to investigate and bring back to you and I think that would assist us in keeping things moving. And that would be my preference; however, if there is someone that really wants to respond to that right away, then please go ahead and do so. Is there someone that would like to respond to that?

Caren Adams: I think Alonzo would like a chance.

Alonzo Plough: For kids, the Healthy Kids 2001 initiative, the partnership with the Washington Hospital Association, the Health Department, between the health clinics, is probably the most vocal aspect of getting, you know, all kids enrolled and we're moving to even more of an emphasis on that because with about 99% of kids covered through the current mechanisms we can pretty much assume presumptive eligibility for all children in the County. And I think the next thrust is to push that notion of presumptive eligibility – I mean, Medicaid people don't like to use the term presumptive eligibility, but that's sort of what it is. So I think we'll move from the Kids 2001 enrollment thing to a more aggressive marketing around presumptive eligibility for all kids and try to create infra-structure and linkage that we need so that if a child comes to a service point that they can get care and then the enrollment can follow.

For adults, it's a wholly different issue and big and growing gaps and except for the linkage with the DHP which is under fueled that remains a gap for uncovered adults.

Tim Takaro: There is some method in this open question and not just to put you on the spot, Dr. Plough, but there is an initiative, for example, for universal health care for all Washingtonians which is seeking signatures or about to seek signatures to be on the ballot. I'm hoping that the Health Department would support such an initiative since it would answer this question.

Donald Proby: Well, that's important information to know. Thank you. Are there other thoughts that we need to check in on? Other questions? This is a good opportunity I think at this time insomuch as this being a community gathering to draw your attention to the bottom of Page 26 and to 27 and take a quick look at the social determinants of health as a model and I'd like to check in just to see how many people have seen this model before reading this document. How many people are familiar with it? How many people are comfortable with it? How many people are advocates for it? How many support it? How many people see how dynamic it is and how it works when we work together and realize our inner-connectiveness? Can you tell I'm an advocate for this model or not? I would be interested to hear your thoughts on that. Okay. I've got 26 at the bottom and then I've got 27 where it picks up with the different levels. So at the bottom of 26 it would say, Public Health has a clear role in tackling the social determinants of health – the last paragraph – is that correct?

Donald Proby: Right. And that page is an Addendum to Page 25 so, and then flip over that one and then Page 27 lists out the particular elements of that model. And there is also a visual in the back which – okay – which is after Page 49 as well. So, again, that whole string of questions that I put out there. How many people have seen this model and have looked at it? Couple of hands here; hands there; over here. Great. How many people see a manifestation of this model in work in their daily life? Great. A hand here; over here. Excellent. Any ideas as to how we can continue to build on this model and support this model and to take this into our work over the next five years to a greater degree as a community and also feedback to the Department as to how we might assist in doing that? Okay.

Clarence Spigner: Yeah. My suggestion would be to have some of these university types apply the model to their research. When I say, their research, I'm talking about the research that comes from within the community by collaborating with community-based organizations and such. Just apply the model and see how it works. See if it works.

Donald Proby: Thank you. Other thoughts?

Ric Kadour: I think the determinants of health model I think has been a staple of HIV prevention in the last, especially in the last ten years or so. The epidemic and I mean from my own experience it's been really kind of amazing to watch individual change, communities change and kind of that

filter up to affect public policy and just general community norms and I'm kind of surprised when I look at other health issues and how they don't necessarily use those models and I'm not sure why. I mean I think they do to a certain extent but in terms of issues around aging, issues around heart disease, and cancer and some of the other preventable diseases, they don't necessarily kind of employ those models. Speaking from the gay community, we've done this amazing thing where we've had this radical change in behaviors and this change in community norms. We don't always like the results of that but I think it's definitely a model that works and is effective and I'm glad the Department of Health is kind of employing it.

Donald Proby: Rob Beem.

Rob Beem: It is Rob Beem. I guess the Public Health has a real good upper – is well positioned to take this kind of message out just given the vast amount of public education that goes on with Public Health and I like Ric's comments. I've seen this working in sort of youth support areas and youth development areas and what I think it takes is what the document does a lot of which is consciously reminding people in their individual niches they have those connections elsewhere and that part of delivering their specific service includes making those connections for the people that they're serving. So, I think medicine is a long way down the track. In some of this, in general care I need to see it move itself into specialty care to really seal the deal, I think. So we like your model.

Donald Proby: Thank you, Rob. Other thoughts on this or anything else that you've been holding onto. We will be finishing shortly and I would ask that if you have not had an opportunity to speak and there have been some emerging issues on your mind and you've been holding back a little bit, maybe a little bit shy, that this is really a good opportunity to go ahead and express your thoughts or your questions and just want to be sure that we provide for people.

Okay. Mike Reed. I'm staff to the legislative committee that initially requested through a budget proviso this Plan and as I listen to all the comments and all of the concerns, you've got to be impressed with the number of demands that are on Public Health. I mean, everywhere from mental health services for young people to environment to stress to discrimination, an incredible array and incredible range of different kinds of things that the Department is being asked to do and that actually I think is what I think led to the Council to make the request is that there was

this sense of a tremendous range of stuff the Agency was attempting to do in response to requests that were coming at the Agency from a lot of different directions. However, there was also a sense of not being able to say what was inside and what was outside. You know, just where Public Health started and, ended. And, you know, again, from this discussion this afternoon, it's was real clear why that is because there are demands from all over. You know, that again go from discrimination to air pollution to and so where does it start and end? To some extent, you know, I need to let you know that there is real interest in trying to respond to that question. Trying to understand where the Agency's responsibilities start and end in order that the Council can – I heard a comment about redundancy. To me that's a real critical, real key comment. If we don't know what the Agency's role is, we can't, you know, balance that role with other community interests, other community institutions which are also dealing with public health and say who should be doing what. We also can't know whether we are coming close to achieving what the Agency's supposed to be achieving. We also can't know whether we're coming close to funding, what the Agency needs in order to accomplish its goals. So, that was the initial thinking going into this process. You know, it's real clear that the Agency's got some real tremendous challenges and there's push from this community, this group and from the vast constituencies that the Agency serves to try and respond to each of those calls, each of those demands that it has. There is sort of an equal and opposite push from the Council to say, help us to know where it starts and stops in order that we can know whether we are coming close to achieving what we are trying to achieve.

Donald Proby: Those are important comments. Thank you, Mike, and I would ask that our community people think about those comments insomuch as what I've heard here today is that public health is a huge umbrella and containing a multiplicity of issues underneath it. And the voice that I'm hearing is that those issues belong under that umbrella and I'm putting that out there as a discussion item.

Mark Secord. I suspect that if we were to really step back and look at the very big picture, probably the No. 1, I'm guessing here, but the No. 1 area of growth in the Public Health budget in the last five or ten years has been service to incarcerated people; am I correct?

Alonzo Plough: The County budget, yes.

Mark Secord: The whole Department. Where are the resources going?

Alonzo Plough: No. No. Most of the resources – no. In terms of County budget, yes. But that's only about 7% of the budget. Most of the growth is coming from grants and revenues and federal and state funding and Public Health Improvement Plan – those kinds of things.

Mark Secord: Well, maybe I stand corrected but let me make another observation. This one I feel a little bit more confident about. If you look back, again, it's a very big picture in terms of the health care system, what is the No. 1 investment that we have made in this community of King County in our health care system in the last five years and I would argue that it's been open heart surgery. The heart wars that have been raging which have been outside this conversation have added hundreds of millions of dollars in cost to the health care system and maybe this is completely out of place in this discussion today. Maybe it's out of place in the context of a plan for a health community and so forth but I'm really struck that very often our focus is on the limited resources that we have and what do we do about that and I think that somewhere we have to make a stand and say you have to look at the root causes of the problems that we're facing and the fact is we've got a very dysfunctional health care system that's putting resources in crazy places like open heart surgery. And we got a society that is believing that the proper way to deal with public safety issues is to lock people up. Until we deal with some of those issues we're never going to get to the thing. So, that's what I was thinking about when I was looking about the pretty picture of the health care model. Maybe it's getting late in the day, but I just had to put that out there.

Donald Proby: Thank you. Others?

Gwen Brown: I certainly would like to support exactly what you're saying because we continually fight the war of not enough money to provide services that are needed and you're right.

Donald Proby: So, again. Tell me. Am I hearing an affirmation around this umbrella idea and the broadness of public health being there to support this multiplicity of issues in the community and looking at root causes around primary prevention, being really the call of the day?

Woman: I think that statement is really true. Again, I would encourage the Health Department though or Public Health - Seattle and King County to work on it's community partnerships. I think that that's really the key. I think a number of folks here today have talked about the need to do work with academic institutions and other community partners, community-based organizations certainly and so I think that umbrella approach works as long as you make sure that you're not trying to cover everybody with your limited resources that you stretch your arms out and find other ways to creatively solve problems.

Donald Proby: Thank you. Just a couple of more comments and then we'll need to start to conclude.

Caren Adams: Did you have a comment?

Al Thompson, Seattle – King County Board of Health. I don't regard public health as an institution necessarily. Public health is an attitude that really ought to profuse much of all of human endeavors, whether you're talking about the school system or whether you're talking about the incarcerated or whether you're talking about even the private practice of medicine which has traditionally looked at what happened to individuals and now is gaining a broader view of looking at populations so it's not just an institution. It's a point of view and it can be sold.

Donald Proby: Thank you for those eloquent words. We have time for one more if there's anyone else that really wants to add a comment; otherwise I will turn this over to Caren. She will provide an accounting of some general themes that have come up over the course of the afternoon. And for me, I'll be signing off at this point because I have fulfilled my piece of this and (laughing – applause) and from Caren she will turn over to Alonzo with some closing words. Thank you so much. You've been an absolutely wonderful group.

Caren Adams: And you've had so many great comments I was hard pressed to come up with themes although I may differ just a bit with Donald, I did hear some requests from this group that Public Health be clear about what's in and what's out and that was a theme I did hear in some spots. I heard a request that we think further into the future and that that be articulated more both in environmental issues and fiscal issues that we work more systematically in several arenas: prevention, the health care coverage issue and the service provision, the coordination to be sure that there's not redundancy and that the system is stretching as far as it can. Then I heard some

requests for increased data specificity that there be more efforts to be sure that groups aren't invisible and I heard some specifics, just so you know I heard them, about smoking, dental and increasing the depth of services that are being provided to adolescents. Did I miss anything critical? All right. I think, Alonzo, you have some closing comments?

Alonzo Plough: Okay. Good. This has been really, really wonderful and I think that this should be the first in an annual kind of a thing we do. We should do this more often because this is really, really useful and it was really useful for me just to listen and, you know, I mean, wanted to get into a dialogue which is my modus but listening to hear these wonderful ideas about what we should do and can do, and, you know, I guess, again, in a document like this, where I opened, I mean, it has to be sort of a portal or entry way into what we do and if, again, a lot of your questions really related to I think really important themes and concerns that we have to talk about in much more detail and should for the next, you know, well continually. I would – there are a couple of things, though, that I want to make sure, or at least in the document, you don't miss and on Page 47 – it's also in the document some place else – these guiding principles for public health are really key and we put them in the Appendix and we put them in the front and the people in the Department know I'm going to have it come up on people's screen savers and around the Department because this is the bedrock of our belief system and it's driving what we do. I think many of the questions here today are about how you going to do it and how it might and what the dialogue about it should be about and that needs to go forward but you need to really look at these principles that are driving us and the fact that the elimination of any qualities in health associated with socio-economic status, race, ethnicity, gender and sexual orientation is the No. 1 priority in the Department and drives all of what we do and the strength in community partnerships, accountability, science, data and from practice, addressing some of the issues about how do we ensure that we will be there delivering services even as our reimbursement sources may get smaller. All these improvements in business practices are all around, how you make more out of what are always diminishing resources. So I would really want people if they're going to focus on really two things. Donald mentioned one. Look at this guiding principles for Public Health and this determinants of health model. Those two things are really going to underlie the way that we think about health improvement and the role of Public Health. And, again, the really important thing around this, what is public health in general, as a large umbrella trying to understand health promotion, disease prevention, societally you mentioned the World Health Organization, health is more – definition, health is more than the absence of disease.

Clearly it is that umbrella. What the Department does strategically is going to always be and is some subset of that because we cannot do everything and, you know, we get out of certain businesses like we did last year in providing substance abuse treatment, but we stay in the business of substance abuse prevention, a very good decision for Public Health to make. We very in very small ways have been getting involved around elderly populations, aging populations and as I get older I keep moving the bar further out but what that means is – because that's a big area and right now it becomes almost a trade-off, but in the future as I become more explicitly elderly and our cohorts move through we may have to be more involved in this in the future. So I think more than in and out, it's the question of the appropriate balance at any point in time, given the determinants of health and what it makes sense for this Department to do under that umbrella. So this is been just a wonderful I think start of what I hope is an on-going dialogue that picks up off of the Strategic Plan and goes further and I've really been informed and enhanced by this afternoon. So, I'm supposed to say before departing, let me call you to action in a couple of ways about this. We've got a contact list – a Public Health Contact List that's back there and we hope you take that contact list – you received it when you arrived – so you can see people, you know, how to assess us, our web site. There are a lot of ways we want to be open to you about all the things we do. Share this information with people in your community, your colleagues, what you learned today. Keep bringing us these questions. We are trying to be a very open and transparent organization working with you. Thanks a lot. It's been a wonderful afternoon and have a good day. (applause)

Caren Adams: And don't forget your evaluation forms.

End of Meeting.